

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE			
							APPLICANT(S)				
<b>CLAIMS</b>											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT						
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	
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TOTAL IND.		↓		↓		↓	TOTAL IND.	43	↓		↓
TOTAL DEP.		↓		↓		↓	TOTAL DEP.	72	↓		↓
TOTAL CLAIMS							TOTAL CLAIMS	115			